

TRAVEL EXPENSE CLAIM

CHP 262 (Rev. 3-93) OPI 071

☐ Relocation ☐ Out of State

DEPARTMENT
BTH Agency

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CLAIMANT'S NAME Dale E. Bonner		I. D. NUMBER [REDACTED]	SOCIAL SECURITY NUMBER [REDACTED]	WORK TELEPHONE NUMBER (916) 323-5401
POSITION Secretary		CB / ID NUMBER E99	DIVISION OR BUREAU Business, Transportation & Housing Agency	LOCATION CODE 699
RESIDENCE ADDRESS [REDACTED]		HEADQUARTERS ADDRESS 980 9th Street, Suite 2450		
CITY, STATE, AND ZIP CODE [REDACTED]		CITY, STATE, AND ZIP CODE Sacramento, CA 95814		

1. MONTH/YEAR		3. LOCATIONS WHERE EXPENSES WERE INCURRED	4. LODGING	5. MEALS			6. INCIDENTALS	7. TRANSPORTATION				8. BUSINESS EXPENSE	9. TOTAL EXPENSES FOR DAY
2. DATE	TIME			BREAKFAST	LUNCH	O.T., LT, NC, RELO. OR DINNER		A. COST OF TRANS.	B. TYPE USED	C. TOLLS, PARKING	D. PRIVATE CAR USE MILES AMOUNT		
October/2009													
Sep 30	0700	Travel from Santiago, Chile to Los Angeles											
1		Long Beach			10.00								10.00
2		Los Angeles			10.00					8.00			18.00
5	1100	Los Angeles to Sacramento						38.00	cab				38.00
15	1230	Sacramento to Los Angeles						41.00	cab				41.00
16		Los Angeles		6.00	10.00								16.00
20		Los Angeles			10.00								10.00
21	0830 1730	Los Angeles to Sacramento / Sac to LA								30.00			30.00
22		Los Angeles											
23		Los Angeles			10.00					9.00			19.00
26		Los Angeles								37.35			37.35
27	2200	Los Angeles to Sacramento		6.00	10.00			76.00	cab				92.00
10. CLAIM TOTAL				12.00	60.00			155.00		84.35			311.35

11. PURPOSE OF TRIP, REMARKS AND DETAILS (ATTACH RECEIPTS / VOUCHERS WHEN REQUIRED)
10/1 - ARRA Funding media event in Long Beach. 10/2 - Press conference to announce ARRA High Speed Rail Funding. 10/16 - PIAC Finance Committee meeting. 10/20 - Milken Institute State of the State Conference. 10/22 - Meeting with AECOM executive. 10/23 - LAEDC / LA Chamber Breakfast and NAACP event with Governor. 10/26 - California/Spain Business Forum. 10/27 - PIAC meeting and meeting with regional transportation CEOs.

12. NORMAL WORK HOURS
13. REGULAR DAYS OFF
14. PRIVATE VEHICLE LICENSE NUMBER
15. MILEAGE RATE CLAIMED

ACCOUNTING USE ONLY

PAID FOR BY REVOLVING CHECK NUMBER

16. I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately-owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by S.A.M. Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE (Date ink only) [Signature]	DATE 11-18-09	SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [Signature]	DATE 11/18/09
SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES		ADMINISTRATIVE SERVICES OFFICER	